



JUN 2, 2004 1:12PM

KCI Legal IP

B - FEE(S) TRANSMITTAL

No. 3185 P. 2

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000030159 7590 05/06/2004

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Cherie E. Ridout	(Depositor's name)
<i>Cherie E. Ridout</i>	(Signature)
June 2, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/010,821	11/13/2001	Thomas A. Boynton	854	7714

TITLE OF INVENTION: STATIC MAGNETIC FIELD, METHOD OF CREATION, AND RESTING SURFACE THEREIN

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	08/06/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
ROJAS, BERNARD	2832	335-299000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 _____
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

KCI Licensing, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

P.O. Box 659508
San Antonio, Texas 78265-9508

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

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- ☒ Issue Fee
☒ Publication Fee
☐ Advance Order - # of Copies _____

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- ☐ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 500326 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

Robert W. Mason

(Date)

5/20/2004

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Date: June 2, 2004

No. of Pages: 2

CORRECTION

TO: Mail Stop ISSUE FEE

COMPANY: United States Patent and Trademark Office

FAX: 703-746-4000

FROM: Susan Love

DEPARTMENT: Legal

FAX: 210 255 6969

PHONE: 210 255 4418

Message:

Re: Application No.: 10/010,821
Filing Date: 11/13/2001
Confirmation No.: 7714
Attorney Docket No.: MAG.854.US

Dear Sir or Madam:

Attached in reference to the above-identified patent application, please find the following:

1. **Part B – Fee(s) Transmittal in duplicate**
 - a. **Pay Issue Fee of \$1330;**
 - b. **Pay Publication Fee of \$300;**
 - c. **Request assignee name to appear on patent; and**
 - d. **Authorizing payment of total fees of \$1630 from Deposit Account Number: 500326 – Kinetic Concepts, Inc.**

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